STATE OF ILLINOIS

SUBMIT IN DUPLICATE

APPLICATION FOR REINSTATEMENT TO THE CERTIFICATE OF LIMITED PARTNERSHIP

REINSTATEMENT FEE \$100.00

DOMESTIC OR FOREIGN

PENALTY AMOUNT \$100.00

(Type or print Name and Title)

Alter Design Builders, Inc., a Delaware corporation Name of General Partner if a corporation or other entity) 91918605

C005986 SOSIL 01/30/91 100.00 XF 0000009562 2002986 SOSIL 01/30/91 00.00 Pursuant to the provisions of the Revised Uniform Limited Partnership Act, the undersigned limited partnership hereby applies for reinstatement. 1. The limited partnership's true name is: Chicago Tech Partnership 2. The limited partnership's file number is: ____ Coc 5986 i. The Federal Employe: Identification Number (F.E.I.N.) is: 36-3405251 4. The admitting name or ascomed name, if any, under which the limited partnership is transacting business in II) inois is: 5. State of jurisdiction is: __ Illinois 6. The application for reinstatement is to return the limited partnership to good standing: (Check and complete where appropriate) a) For failure to file the biennial renewal report within 90 days after the anniversary date. x b) For failure to file a "Certificate to be Governed" in the specified time allowed. (prior 1/1/90) c) For failure to maintain a registered agent in this state as required. d) For failure to report a FEIN within 180 days after filing the initial document with the Secretary of State. e) Other (specify) 91048605 \$13.00 -DEPT-01 RECORDING 7/2333 TRAN 4505 01/31/91 16:06:00 *-91-048605 #/:135 # C COCK COUNTY RECORDER . Penalty of \$100.00 for each delinquency checked in item number 6 per Section 1109 (a)(b): The total amount is: \$ 100.00 This application must be accompanied by all delinquent reports and/or documents cogether with the filing fees and penalties required. The undersigned affirms, under penalties of perjury, that the facts stated herein are true. The original application for reinstatement must be signed by at least one general partner. (Signature) 300 Lawrence M. Freedman, Assistant Secretary

APPLICATION FOR REINSTATEMENT TO THE CERTIFICATE OF (DOMESTIC OR POREIGN) LIHITED PARTNERSHIP

Payment must be made by Certified theck, Cashier's Check, Illinois "Secretary of State." Attorney's Check, Illinois C.P.A.'s eteck or Money Order, Payable to

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All correspondence regarding this Edgistered agent of the limited ar nership unless a self-addressed filing will be sent to the welope is included.

Department of Business Services Room 330 Centennial Building Springfield, Illinois 62756 Limited Partnership Division Telephone (217) 785-8960 Secretary of State